

**Department of Early Learning
Revocation / Denial Recommendation**

(Additional Pages may be attached as needed)

<input type="checkbox"/> Northwest Service Area <input type="checkbox"/> Southwest Service Area <input type="checkbox"/> Eastern Service Area	Office Location: Office Location: Office Location:
Type of Recommendation (Select One)	<input type="checkbox"/> Revocation <input type="checkbox"/> Denial of Renewal Application <input type="checkbox"/> Summary Suspension and Revocation <input type="checkbox"/> Denial of Renewal Application and Revocation

The information below is to be completed by the Licensor			
Facility / Provider Name:			
Provider Address:	City	State	Zip Code
Provider Type: <input type="checkbox"/> Family Home Child Care <input type="checkbox"/> Child Care Center <input type="checkbox"/> School Age Center			
Licensor:	FamLink ID Number:		
Supervisor:			
Please list applicable WAC(s) which is(are) the basis of the licensing action			
WAC Reference	WAC Citation		
170- -			
170- -			
170- -			
170- -			
170- -			
170- -			
170- -			
170- -			
170- -			

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(Use additional pages to site applicable WACs if required)

The information below is to be completed by the Licensor
1. Please describe in detail the reasons for the recommended licensing action. Describe the events which led to the decision. Base your recommendation and determination on objective evidence and apply your professional expertise to the question.

2. Please describe the licensee's complaint history (use additional page if necessary)	
Complaint description (including findings and/or determinations from DEL)	Actions taken by DEL

The information below is to be completed by the Licensor	
3. Was a summary suspension put in place prior to the recommended licensing action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was there a DLR/CPS investigation conducted in this home/center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, was there a substantiated finding of abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Based on the response to the questions answered above, do you believe the health and safety of the child or children in care would be jeopardized if the family home or center were to remain open?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes, please describe:	

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8. Recommended effective date	
Licensors Signature	
Licensors Signature	Date

Next Steps		
Complete Incident Report, if applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete a legal letter for supervisor review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Document recommendation in FamLink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compile a revocation / denial file that includes relevant Provider Notes, compliance agreements, legal letter(s), and a copy of this recommendation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information below is to be completed by the DEL Supervisor	
Comments:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Supervisor's Signature	Date
Next steps	
Recommendation file reviewed and ready to submit to SAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal letter has been reviewed and ready to submit to SAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor has approved and is seeking authorization take recommended licensing action from the SAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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The information below is to be completed by the DEL Service Area Manager	
Comments:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
SAM's Signature	Date
Next steps	
Recommendation file reviewed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal letter has been reviewed and ready to submit to AAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal letter forwarded to AAG for review and comment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendation form forwarded to State Office for tracking purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAM has approved and is seeking authorization to take recommended licensing action from DEL Director or designee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information below is to be completed by the DEL Director, or designee (FOR REVOCATIONS ONLY)	
Provider Name	Provider ID #
Comments:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Director, or Designee Signature	Date
Next Steps	
Form is returned to the SAM for final distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No